



# Designating Authorized Representatives Resolution Form

**\* Required Fields**

**1. Resolution**

WHEREAS,

Participant Name\*  Participant ID Number\*

("Participant") is a public unit of the Commonwealth of Massachusetts and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds;

This Resolution is to certify that:

- A. The individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in MMDT and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. An Authorized Representative of the Participant may be deleted by a written instrument signed by a remaining Authorized Signer provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's MMDT account, or (2) is no longer employed by the Participant.
- C. The Participant may, by executing a Designating Authorized Representatives Resolution Form signed by the Participant, add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant.

List the Authorized Representative(s) of the Participant below. Each new Authorized Representative will be issued a personal identification number to transact business with MMDT Participant Services. **Note:** An email address is required for each person listed below.

Name:   Authorized Signer & Trader  
Title:   Authorized Trader  
Email:   Inquiry Only  
Signature

Name:   Authorized Signer & Trader  
Title:   Authorized Trader  
Email:   Inquiry Only  
Signature

Name:   Authorized Signer & Trader  
Title:   Authorized Trader  
Email:   Inquiry Only  
Signature

## 1. Resolution (continued)

Name:   Authorized Signer & Trader  
Title:   Authorized Trader  
Email:   Inquiry Only  
Signature

Name:   Authorized Signer & Trader  
Title:   Authorized Trader  
Email:   Inquiry Only  
Signature

Name:   Authorized Signer & Trader  
Title:   Authorized Trader  
Email:   Inquiry Only  
Signature

**Note:** This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with MMDT. *This document supersedes all prior Authorized Representative designations.*

Participant Name\*

Signature\*

Printed Name\*

Title\*

## 2. Mailing Instructions

The completed Designating Authorized Representatives Resolution Form can be faxed to MMDT Participant Services at 1-617-235-7171, or mailed to:

MMDT Participant Services  
P.O. Box 219712  
Kansas City, MO 64121-9712